

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

FILED JAN 9 1956

 BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5182 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape</u>	
b. CITY OR TOWN <u>RURAL - SHANEE TWP. Oriole</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>4 yr</u>		STREET ADDRESS (If rural, give location) <u>None Rural 0163</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Retha</u> b. (Middle) <u>Alice</u> c. (Last) <u>Shade</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 3 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec 23 1921</u>
9. AGE (In years to birthday) <u>34</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>10</u> Hours <u>10</u> Min.	IF UNDER 14 YRS. Hours <u>10</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ross Shade</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Blyze</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr Ross Shade Oriole Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443x</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT - SUICIDE - HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 11</u> , 19 <u>48</u> , to <u>Jan 3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 1</u> , 1956, and that death occurred at <u>12:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John C. Brown</u>		23b. ADDRESS <u>mail Cape Girardeau Mo</u>	23c. DATE SIGNED <u>Jan 6, 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-5-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-6-56</u>	REGISTRAR'S SIGNATURE <u>T. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brinkorf Howell W & E Cape Gir MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by NEIL H. GROSSHEIDER....., Student Embalmer No. 520 working under my personal supervision..

Student Neil H. Grossheider
Signature of Student Embalmer

Signed W. H. Ester

Licensed Embalmer No. 356

P. O. Address Aspe Sic

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.